

Norris, McLaughlin & Marcus, P.A.
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COMBINATION DECLARATION & POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

CONTAINER FOR FOOD AND BEVERAGE

the specification of which is being filed concurrently herewith.

OR

the specification of which was filed on _____ as United States application Serial No.

OR

The specification of which was filed on December 01, 2003 as PCT International Application No. PCT/KR2003/002618.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)**Priority Claimed**

10-2002-0076434
(Number)

KR
(Country)

30 November 2002
(Day/Month/Yr. Filed)

☒ yes ☐ no

10-2002-0080084
(Number)

KR
(Country)

10 December 2002
(Day/Month/Yr. Filed)

☒ yes ☐ no

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FULL NAME OF SOLE OR FIRST INVENTOR: LEE, Jung Min

INVENTOR'S SIGNATURE: Lee Jung Min DATE: May 10, 2005
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FULL NAME OF SECOND INVENTOR: _____

INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF THIRD INVENTOR: _____

INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF FOURTH INVENTOR: _____

INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____